



*The Vein Center*

of THE PLASTIC AND HAND SURGERY ASSOCIATES

## **INFORMED CONSENT: Sclerotherapy**

### **NATURE AND PURPOSE OF SCLEROTHERAPY**

I authorize Vein Specialists at The Vein Center of The Plastic & Hand Surgery Associates to inject FDA-cleared sclerosants, Sodium Tetradecyl Sulfate (STS) and/or Polidocanol (POL), into my veins for the purpose of endovenous chemical ablation (EVCA) in an attempt to improve the symptomatology and/or cosmetic appearance of specifically targeted veins in my body.

### **ALTERNATIVES**

I understand that, in addition to doing nothing, alternative treatments for ablation of veins do exist. Conservative treatments such as compression, and surgical procedures including stripping and/or ligation, surface laser treatment, ambulatory phlebectomy, and endovenous laser ablation are options which I have discussed with my treated Vein Specialist at The Vein Center of The Plastic & Hand Surgery Associates.

### **RISKS**

The nature of the procedures to be performed have been explained to me, and I understand that among the known risks are bruising, pigmentation changes, skin breakdown (wound and scars), local pain, swelling, inflammation, secondary matting or newly formed surface veins, and allergic reactions. I am aware that in addition to the minor risks above described, there are other risks which are very rare which include infection, inflammation, formation of blood clots within the deep venous system, inadvertent intra-arterial injection which could be limb threatening, and local nerve compression or injury.

### **PROPOSED TREATMENT**

I understand that the practice of Medicine and Surgery is not an exact science, and therefore, reputable Practitioners cannot guarantee results. No guarantee has been given to me by anyone, as to the results that will be obtained by undergoing a sclerotherapy procedure. I have had sufficient opportunity to discuss my condition and proposed treatments with Vein Specialists at The Vein Center of The Plastic & Hand Surgery Associates and all of my questions have been answered to my satisfaction. I believe I have adequate knowledge for which to base an informed consent for endovenous chemical ablation, also referred to as a sclerotherapy procedure.

### **PHOTOGRAPHS**

I consent to being photographed before, during, and after my sclerotherapy treatment if deemed necessary by my Vein Specialist. I understand that these photographs shall remain the property of The Vein Center of The Plastic & Hand Surgery Associates and I consent to allowing these photographs to be published or used for patient education.

### **COSMETIC SCLEROTHERAPY VS. THERPEUTIC SCLEROTHERAPY**

The Vein Center of The Plastic & Hand Surgery Associates has a primary focus on providing therapeutic vein care. On occasion, cosmetic sclerotherapy may be performed, but only after the completion of therapeutic vein care. My treating Vein Specialist will inform me verbally when therapeutic (or medically-indicated) vein care is being done versus cosmetic vein care. If you have Medicare, any treatments beyond what was estimated to be therapeutic or medically necessary will be your responsibility as cosmetic vein care is not covered by medical insurance. Likewise, if you have private medical insurance, any sclerotherapy sessions considered cosmetic according to your Vein Treatment Policy will be your responsibility. Payment will be due at the time cosmetic vein care services are done since there is no insurance processing for cosmetic vein care services.

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date